

In re the Matter of:

Petitioner,

-and-

Respondent.

**PETITION FOR WAIVER/REDUCTION
OF FAMILY COURT SERVICE AND/OR
GUARDIAN AD LITEM FEE DEPOSIT;
AFFIDAVIT OF INDIGENCY AND ORDER**

Case No. _____

UNDER OATH I STATE THAT BECAUSE OF POVERTY, I AM UNABLE TO PAY THE COSTS OF THIS ACTION OR PROCEEDING, OR TO PAY A DEPOSIT FOR THOSE COSTS, AND THEREFORE REQUEST A WAIVER OR REDUCTION OF THOSE COSTS.

1. I am requesting Family Court services for:

____ Mediation ____ Guardian ad Litem ____ Court Ordered Custody Study

2. Because of my poverty, I am unable to pay the Family Court fees.

3. ☐ I currently receive:

- ☐ Supplemental Security Income ☐ Relief funded under §59.53(21), Wis. Stats
☐ Food Stamps ☐ Veterans Benefits per §45.351(1) ☐ W-2
or 38 USC 501-562
☐ Other means-tested public assistance _____

Attach all verification to support the above statement

4. My financial situation ☐ has ☐ has not changed since I became eligible for this program.

5. I ☐ am ☐ am not married.

6. I ☐ am ☐ am not employed. Name of employer _____

7. I earn \$ _____ gross monthly. My take-home pay is _____ per month.

Attach copies of pay stub(s) for the month

8. I receive monthly income totaling the amount of \$ _____ from:

- ☐ Pension ☐ Social Security ☐ Unemployment ☐ Support/maintenance
☐ Disability ☐ Student Loans ☐ Other _____

9. I have the following cash assets:
☐ Savings Account: \$ _____ ☐ Cash: \$ _____
☐ Checking Account: \$ _____ ☐ Money owed to me \$ _____
10. I have the following other assets:
☐ Vehicle-Yr/Make _____ \$ _____ ☐ Household furnishings \$ _____
☐ Vehicle-Yr/Make _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other _____
11. My household consists of myself and _____ others: (List names, ages and relationship)

12. The other members listed above have monthly income totaling \$ _____ per month from: _____
13. I have the following debts: Amount Monthly Payment
- | | | |
|---------------|-------|-------|
| Mortgage/Rent | _____ | _____ |
| Auto Loan | _____ | _____ |
| Credit Cards | _____ | _____ |
| Other: _____ | _____ | _____ |
| Other: _____ | _____ | _____ |
14. I have the following unusual expenses, other than ordinary living expenses:

15. There is no other source of income in my household (list monthly income and source of income of each member of your household) or other assets other than those listed above. (For example, if someone else pays your rent, do not put it down as an expense).
The attached Financial Disclosure Statement is true and correct to the best of my knowledge. I understand that if my financial situation changes, I must notify the Court immediately.

STOP! TAKE THIS DOCUMENT TO A NOTARY PUBLIC BEFORE SIGNING

Subscribed and sworn to before me on

Dated: _____

_____, 200__

 Signature of Petitioner/Respondent

 Notary Public/Court Official
 My commission expires: _____

ORDER

- ☐ This petition is GRANTED because the court finds the petitioner indigent. The guardian ad litem and/or family court services may commence their duties without prepayment of the deposit by the petitioner. Fond du Lac County shall retain the right to seek reimbursement for costs and fees from either party.

- ☐ This petition is DENIED because the court finds the petitioner not indigent but unable to pay the deposits at this time. Such fees must be paid no later than _____.

- ☐ This petition is DENIED because the court finds the petitioner not indigent, but unable to pay the required monthly installment amount. The monthly installment amount required shall be reduced to _____ and shall be payable by the _____ day of each month, commencing _____.

- ☐ This petition is DENIED because the court finds the petitioner not indigent. Family Court Services and/or Guardian ad Litem deposits must be paid as previously ordered.

All previous Orders regarding Custody/Placement Assessment and/or Guardian ad Litem costs, fees, or deposits, shall remain in full force and effect.

Dated: _____

BY THE COURT:

Hon. Sally-Anne Danner
Family Court Commissioner